

Please type a plus sign (+) inside this box → ☐

PTO/SB/19 (2/98)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PLANT PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(h))</i>	Attorney Docket No.	10451.0048.NPUS00
	First Named Inventor or Application Identifier	Keith G. LINTOTT
	Title	CHRYSANTHEMUM PLANT NAMED ALLEGRO
	Express Mail Label No.	EL615430334US

ADDRESS TO:

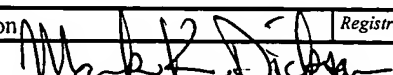
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexander, VA 22313-1450

APPLICATION ELEMENT <i>See MPEP chapters 600 & 1600 concerning plant patent application contents.</i>	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Plant Color Coding Sheet
2. <input checked="" type="checkbox"/> Specification [Total Pages 10] <i>(2 copies required - 37 CFR 1.163(b))</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the Invention (with Plant's name)- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings- Detailed Botanical Description- Claim (only one (1) permitted MPEP 1605)- Abstract of the Disclosure	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Color drawing(s) [Total Sheets 2] <i>(2 copies required - 37 CFR 1.165(b))</i>	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> <i>[Note Box 5 below]</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Two) <i>(Should be specifically itemized)</i>
	13. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
	15. <input checked="" type="checkbox"/> Other: Application Data Sheet

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If A CONTINUING APPLICATION, check appropriate box and supply the requisite information:	
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional of prior application No: /
Prior Application Information: Examiner: Group/Art Unit:	

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 27194 or <input type="checkbox"/> Correspondence address below					
NAME	Mark K. Dickson HOWREY SIMON ARNOLD & WHITE, LLP				
ADDRESS	301 Ravenswood Avenue Box 34				
CITY	Menlo Park	STATE	CA	ZIP CODE	94025
COUNTRY	US	TELEPHONE	650-463-8234	FAX	650-463-8400

Name (Print/Type)	Mark K. Dickson	Registration No. (Attorney/Agent)	32,889
Signature		Date	October 24, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
For FY 2004

Patent fees are subject to annual revision.

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Keith G. LINTOTT
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	10451.0048.NPUS00

TOTAL AMOUNT OF PAYMENT (\$530.00)**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Acct. No. **50-1263**Deposit
Account
Name **Cleangro Ltd.**

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:**

☐ Check ☐ Credit card ☐ Money ☐ Other
Order
FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	770	201	385	Utility filing fee	
106	340	206	170	Design filing fee	
107	530	207	265	Plant filing fee	530.00
108	770	208	385	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$530.00)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
1	20** = 0	X	
Independent Claims	3** =	X	
Multiple Dependent			

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	86	202	43	Independent claims in excess of 3
104	290	204	145	Multiple dependent claim, if not paid
109	86	209	43	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	420	216	210	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1,480	218	740	Extension for reply within fourth month	
128	2,010	228	1,005	Extension for reply within fifth month	
119	330	219	165	Notice of Appeal	
120	330	220	165	Filing a brief in support of an appeal	
121	290	221	145	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,330	241	665	Petition to revive - unintentional	
142	1,330	242	665	Utility issue fee (or reissue)	
143	480	243	240	Design issue fee	
144	640	244	320	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	770	246	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	770	249	385	For each additional invention to be examined (37 CFR § 1.129(b))	
179	770	279	385	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**

Name (Print/Type)

Mark K. Dickson

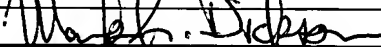
Registration No.
(Attorney/Agent)

32,889

Complete (if applicable)

Telephone 650-463-8234

Signature



Date 10/24/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.